

ILLINI SEATS RESERVATION FORM

All orders mailed or e-mailed to IMG COLLEGE SEATING will be subject to a \$3.00 processing fee.

PLEASE PRINT, COMPLETE, AND EITHER MAIL OR SCAN AND EMAIL TO ONE OF THE FOLLOWING ADDRESSES

Mail Order: IMG College Seating
540 North Trade Street
Winston-Salem, NC 27101

Phone #: 866-514-3435
School: Illinois
Season: 2025

YOUR DETAILS

Full name

Season Ticket Account.....

Address

City

State **ZIP**

Phone Number

Email Address.....

SEAT LOCATION(S)

Game	Section (s)	Row (s)	Seat (s)
Total Number of Stadium Seats desired			

Game	Section (s)	Row (s)	Seat(s)
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METHOD OF PAYMENT

Please reserve **seat(s) x** (including sales tax) + **\$3.00** (processing fee) for a **total of \$**

Amount of check enclosed

(Please make checks payable to IMG College Seating)